

TOWN OF BRAINTREE

Office of Town Clerk

1 JFK Memorial Drive, Braintree, MA 02184

REQUEST FOR VITAL RECORD

This office has vital records for the Town from 1620 to the present. In order to request a birth, death, or marriage certificate, please fill in the appropriate section below; send this form, **together with a check for \$10.00 for each certificate requested** to the address above. Fill in your name and address at the bottom this sheet.

I WISH TO REQUEST A BIRTH CERTIFICATE FOR: _____

Name of Child

WHO WAS BORN IN THE TOWN OF BRAINTREE (OR PARENTS RESIDED IN THE TOWN OF BRAINTREE AT THE TIME OF BIRTH) ON: _____

Date of Birth

NAME OF FATHER/PARENT (IF KNOWN): _____

NAME OF MOTHER/PARENT (IF KNOWN): _____

I WOULD LIKE _____ **COPY/COPIES OF SAID DOCUMENT.**

Number of Copies

I WISH TO REQUEST A DEATH CERTIFICATE FOR: _____

Name of Decedent

WHO DIED IN THE TOWN OF BRAINTREE (OR WAS A RESIDENT OF BRAINTREE AT THE TIME OF DEATH) ON: _____

Date of Death

NAME OF FATHER/PARENT (IF KNOWN): _____

NAME OF MOTHER/PARENT (IF KNOWN): _____

I WOULD LIKE _____ **COPY/COPIES OF SAID DOCUMENT.**

Number of Copies

I WISH TO REQUEST A MARRIAGE CERTIFICATE FOR: _____

Bride or Party A's Name

AND _____ **WHO WERE MARRIED ON:** _____

Groom or Party B's Name

Date of Marriage

I WOULD LIKE _____ **COPY/COPIES OF SAID DOCUMENT**

Number of Copies

NOTE: Marriages are recorded where the partners applied for their license NOT where they got married.

Please mail above to: Name: _____

Address _____

City/State/Zip _____

PLEASE INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE